

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091952

1. Entity Name

GEORGE FAMILY ENTERPRISE, INCORPORATED

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90051 037 ***150.00

Principal Place of Business

5901 NORTHWEST 151ST ST STE #210
MIAMI LAKES FL 33014

Mailing Address

P O BOX 694351
MIAMI FL 33169

CUU48364



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5901 NORTHWEST 151ST ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

209

City & State

MIAMI LAKES, FL

City & State

4. FEI Number

65-0956507

Applied For

Not Applicable

Zip

Country

33014

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DREW, MORRIS L
3290 NW 47TH ST
MIAMI FL 33142

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME DREW, MORRIS L
STREET ADDRESS 5901 NORTHWEST 151ST ST STE #210
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE PT
NAME DREW, MORRIS L.
STREET ADDRESS 5901 NORTHWEST 151ST STREET, #209
CITY-ST-ZIP MIAMI LAKE, FL 33014 ☒ Change ☐ Addition

TITLE S
NAME REESE, FORESTINE
STREET ADDRESS 5901 NW 151 ST STE 200
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LEE, SARAH
STREET ADDRESS 5901 NW 151 ST STE 200
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Morris L Drew

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

305-822-2752

Daytime Phone #

CR2E034 (10/00)